

Mental Health Screening

Issue Paper

Wisconsin's Program Enhancement Plan: Wisconsin's Program Enhancement Plan (PEP) is an intensive two-year plan by which the state and its county and tribal partners are implementing improvements to the statewide child welfare service system. It was designed to achieve the newly established federal standards for child protective services that are associated with the first-ever, nationwide review of state child welfare systems.

Wisconsin's child welfare program includes child protective services (CPS) designed to identify children who are not safe from abuse or neglect, implement plans to ensure their immediate safety, and provide services to change conditions in the home to assure their long-term safety. CPS work includes arranging services so that families can better provide for the safety of their own children and when necessary, it also includes removing children from home and placing them in out-of-home care to ensure their safety.

For children and families involved in the child welfare system, CPS means helping families by offering them services to improve conditions within their homes so that they are safe enough for the return of their children. When that is not possible, a plan must be simultaneously developed for children whose families – even with support and assistance – are not able to provide an adequate level of safety.

Mental Health Performance Item: In order to meet the federal outcome measure for child well-being, children must receive adequate services to meet their mental health needs. Within the PEP, the Division of Children & Family Services' (DCFS) charge is to work with children's mental health experts and county and tribal child welfare agencies in developing statewide policy and child welfare worker support through a capacity improvement plan for the screening, assessment and treatment of the mental health needs of children who have been abused and/or neglected (see PEP Matrix Performance Item #23: Mental Health Needs of the Child, Action Step M).

A benchmark task to prepare the foundation for this performance item included the formation of an internal Department of Health and Family Service's (DHFS) workgroup consisting of members from the Division of Children and Families (DCFS), the Bureau of Mental Health and Substance Abuse Services (BMHSAS), the Division of Health Care Finance (DHCF) and a consulting psychiatrist. The internal group is responsible for: 1) developing/recommending tools for mental health screening; 2) assisting in the drafting and circulating of proposed screening policy and procedure; 3) hosting a statewide forum and regional meetings to develop a capacity building plan; 4) refining and updating the Wisconsin Model to identify family mental health needs; and 5) assisting in revising any related curricula for child welfare case workers and providing training through the Training Partnerships.

The PEP provides for a statewide workgroup responsible for developing policy and procedure to improve mental health screening for children in child welfare cases and helping achieve consensus on mental health practices in Wisconsin's child welfare system. Representatives from the Child Welfare Case Process Committee will be included in the statewide workgroup identified for this benchmark task and will be used for consultation, input, direction, and to gain feedback on steps developed to improve mental health practices in the child welfare system by the internal staff workgroup.

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Recommended Tool Criteria, Selection and Use: The internal workgroup has been meeting since Spring 2005 to develop recommendations for the use of a statewide mental health screening tool that can be used by child protective service workers in order to identify children who appear to be in need of a more intensive mental health assessment.

Screening is the first step in the on-going process to identify children who may have a need for mental health services. A screen identifies children who may have, or are at risk of developing, mental, emotional, or behavioral problems and need to be referred to the next step. That next step is *assessment*, which is a more comprehensive analysis done to identify specific services and supports that can address identified or developing mental health problems

Recognizing the complexities associated with accessing and treating children in the CPS system, the workgroup evaluated a number of screening tools designed to identify those children MOST in need of a more comprehensive assessment.

The tools were evaluated based on the following criteria:

- 1) Must be simple without the need for mental health professional evaluation and interpretation, i.e. yes/no;
- 2) Must be able to be administered quickly and easily by a social worker or case manager;
- 3) Must identify red flags for children who may need more comprehensive screening and/or assessment of mental health/substance problems;
- 4) Must be inexpensive and cost effective to administer;
- 5) Must be age and developmentally appropriate, culturally competent; and
- 6) Must have established reliability and validity, or there is evidence of tool having been used effectively with the same population as Wisconsin intends, with good results.

The screening tool that came closest to meeting these criteria, was the Mental Health Screening Tool (MHST) from the California Institute for Mental Health, which includes two versions one developed for children 0 to 5 years, and one for ages 5 years to adult (see attachments 1 & 2). The workgroup identified that for older children, the screen should be enhanced to include questions regarding substance use and abuse. Questions identified to serve this purpose include three supplemental questions from the short version of the GAIN tool from Chestnut Health Systems, which has been tested and validated for children age 12 to adult (see attachment 3).

Members of the internal DHFS workgroup will be meeting with the Child Welfare Case Process Committee on January 19, 2006 to discuss their recommendations for implementation of the California Institute of Mental Health's Mental Health Screening Tool (both the 0-5 version and the 5 Years to Adult version supplemented with the three MH/SA screening questions) by interested counties/tribes through a pilot program scheduled to begin some time in Quarter 6 of Wisconsin's PEP. The MHST from the California Institute for Mental Health was designed to be easily integrated into child serving systems and more specifically, for child protective service workers who may not have expertise in the area of mental health.

The recommended screens are being presented to the committee for feedback and suggestions for its effective application into the Wisconsin CPS system. For initial use of the screening tool, the following process is recommended:

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- Children should be screened during the first 60 days of entrance into the child welfare system, and documented under the Child Functioning Element of the Initial Assessment.
- Children could also be re-screened and the outcomes documented during the Family Assessment.
- Children who screen as negative at both the Initial and Family Assessment should be screened on an “as needed” basis to monitor for changes that may take place due to new information or changing circumstances.
- A child scoring a “YES” answer to any of the questions should be referred for a more thorough mental health assessment. The amount of time between screening and follow-up will depend upon available resources; however, the referral should be considered as “urgent” and require a timely response.

The goal is to offer the tool to counties who are willing to implement it as a part of their Initial Assessment process, under the Child Functioning Element, and provide feedback on its application and efficacy. Concurrent with piloting the screening portion of the mental health capacity improvement plan, the internal work group will host a statewide forum and regional meetings to develop a capacity improvement plan for screening, assessment, and treatment.

Training: The state is divided into four training regions: the Northeastern Wisconsin (NEW) Partnership with the UW-Green Bay; the Western Partnership with UW-River Falls; the Southern Partnership with the UW-Madison; and the Milwaukee Partnership with the University of Wisconsin-Milwaukee. DCFS works with the Training Partnerships to provide a statewide system of training for child welfare workers on the foundations of practice and advanced skilled training on specialized topics. All counties, BMCW (Bureau of Milwaukee Child Welfare), SNAP (Special Needs Adoptions Programs), and most tribes are members of the Training Partnerships.

Most of the training received by CPS caseworkers and supervisors is provided by the four Child Welfare Training Partnerships, funded in part with CAPTA (Child Abuse Prevention & Treatment Act) monies and whose curricula are determined through the Training Council and its Curriculum Committee, in which DCFS staff participate. Specialized training on this initiative will be provided through the Training Partnerships to the extent possible and all training activities will be coordinated with the Training Partnerships.

Pilot: The piloting of screening tools by counties will assist in determining how screening tools could be used statewide. The workgroup would like to pilot the screening tool in counties/tribes with members on the Child Welfare Case Process Committee. If more participation from counties/tribes is necessary to get a large enough sample, the workgroup will approach the Wisconsin County Human Services Association for additional volunteers. To facilitate implementation of pilots, the BMHSAS is willing to commit \$28,000 of Mental Health Block Grant funding to be used prior to June 30, 2007.

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The following are helpful criteria for selection of county pilots:

- A willingness to participate
- A willingness to be a part of the PEP process
- An established child welfare and mental health partnership;
- An infrastructure that can provide full assessment and treatment services, (i.e. Community Services Teams (CST), Integrated Services Projects (ISP), etc.);
- A county mental health staff that is trauma informed and trained to treat children.

Next Steps:

- Place Mental Health Screening Issue Paper and proposed tools on website for comment through 2/20/06.
- Select subcommittee to draft policies and procedures for use by pilot counties on 1/19/06.
- Obtain feedback from statewide workgroup on the proposed tool and pilot implementation plan and finalize recommendations and proposed work plan at next Case Process Committee meeting on 2/22/06.
- Select pilot counties and develop training curriculum by 4/01/06.
- Develop evaluation criteria for pilots by 4/01/06.
- Implement pilots to expend Mental Health Block Grant funding prior to 6/30/07.